



CONTINUING EDUCATION ATTACHMENT

READ ALL DIRECTIONS ON THE REVERSE SIDE PRIOR TO COMPLETING THIS FORM.
FAILURE TO COMPLETE THIS FORM PROPERLY WILL DELAY PROCESSING.

1. Application Level		
<input type="checkbox"/> Trainee License	<input type="checkbox"/> Residential License	<input type="checkbox"/> Certified Residential <input type="checkbox"/> Certified General
2. Name		
Last	First	Middle
3. Current License Number		

List below the courses you have taken which meet the continuing education requirements for the type of license for which you are applying (Please attach additional sheets if necessary).

4. Course Title and Approval Number	5. Hours	6. Date Completed	7. OREA approval number	8. Correspondence Course
Uniform Standards of Professional Appraisal Practice				<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal and State Laws and Regulations OR				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> By checking this box and signing this form below, I certify that I have read and understand all applicable Federal and State Laws and Regulations				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. TOTAL CONTINUING EDUCATION HOURS				

I, _____ (name), declare under penalty of perjury that the foregoing information and information provided on all attachments is true and correct. I understand that providing false information is grounds for denial or revocation of any license and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years.

Executed this _____ day of _____ at _____ (city or county)
_____ (state).

Signature _____

Name (please print) _____

MUST BE SIGNED BEFORE AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA

FOR OREA USE ONLY						
USPAP	<input type="checkbox"/> Correspondence courses	Total Hours	Form Letter	Y	N	
Laws/Regs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hrs Needed	Resolved	Y	N	N/A
			Follow UP	Y	N	N/A
			Resolved	Y	N	N/A
			EDUCATION QUALIFIES		<input type="checkbox"/>	
			By _____		Date _____	

READ THE FOLLOWING INFORMATION PRIOR TO COMPLETING THIS FORM

- Type or print clearly in blue or black ink.
- Applications must be legible and contain original signature.
- The final examination cannot be used towards course hours.
- You must attach copies of documentation which verifies successful completion of courses such as school transcripts, course completion certificates, report cards or written verification, dated and signed, from the course instructor or other appropriate school official.
- Correspondence courses may not be acceptable for the certified levels.
- Highlight courses you wish to use as qualifying education on your college transcripts or written verification.
- All fees must be paid by pre-printed personal check, pre-printed company check, cashier's check, certified check, money order or government purchase order.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- If you have any questions, please write to the address listed below or call (916) 263-0722.
- Mail this form and supporting copies of transcripts or course completion certificates, along with a completed *Renewal Application* (REA 3012), all necessary fees and any other necessary material to:

OFFICE OF REAL ESTATE APPRAISERS
1755 Creekside Oaks Drive, Suite 190
Sacramento, CA 95833

INSTRUCTIONS

- 1. APPLICATION LEVEL--**The type of license for which the continuing education is to be evaluated.
- 2. NAME--**Your name as it appears on your current license.
- 3. CURRENT LICENSE NUMBER--**Your license number as it appears on your current license.
- 4. COURSE TITLE--**The name of the completed course.

Each licensee must complete a minimum of 7 hours on USPAP. In addition, you must have either completed the 4-hour course on federal and state laws and regulations, or checked the box and signed the form, certifying that you have read and understand all applicable laws and regulations.
- 5. HOURS--**The course duration hours. Do not include time spent for final examination.
- 6. DATE COMPLETED--**The date the course was completed.
- 7. OREA APPROVAL NUMBER--**The OREA approval number assigned to the course listed.
- 8. CORRESPONDENCE COURSE--**If the course listed was a correspondence course mark the "yes" box. If the course was attended at a school mark the "no" box.
- 9. TOTAL CONTINUING EDUCATIONAL HOURS--**Calculate and enter the total number of acceptable education hours submitted for consideration.

NOTE: Certifying that you have read and understand the laws and regulations does not represent a 4-hour credit towards continuing education. It merely replaces the requirement of course attendance.